MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-033138

DO NOT WRITE ON THIS STUB		AMEI	NDED	1	Registrat	on District No	0.10	7 24 2 1963	Prim	ery Registratio	an District b	NO	Registra	ar's No	315			TE FILE NU	
	_	1 ,			1. PLAC	E OF DEATH						<u> </u>	!!		_		ived. If i	nstitution:	Residence before
VS 300	AMENDED					VINTY		ettis						Miss	our i b	COUNTY	Pett	is	admission)
Rev. 4/59	Z					TY (if outside		e limits, gi	ve TOWNS	HIP only)		of stay in 1b	c. CITY						Inside Limits
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4 .								ARTHU	<u> </u>	C	LARENC	E	SPRY		OF DEATH		ember		1963
<u> </u>					5. SEX		- 1	COLOR OR	RACE	7. Married Widowed		Divorced	j.	577	l '	ast birthday	/) IF UND Months	ER 1 YEAR	IF UNDER 24 HR
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	5				Lab	ER'S NAME					ired Mother's	MAIDEN NAM	Faye	tte,	Miss	DUT I	F HUSBAN	OR WIFE	
7 o			-		_	rae Sor	.,				itha S				I.				
8 . I	2			1		DECEASED EV		I.S. ARMED	FORCES?	16.	SOCIAL SE	CIBITA NO	17. INFORM	ANT	[5]	irdie	V 11150 Address	n Spr	
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10 11 12/-0 13/-0 NON	INSTEAD OF			DOCUMEN	20c. 1	Cond which above statin lying PART VAS AUTOPSY ERFORMED? ES: NO	itions, if a gave rise cause growing the uncause II. OThe dise	eny, se to (a), noder-lest. ER SIGNIF asse condition ACCIDENT	CAUSE (a) DUE TO (b) DUE TO (c) FICANT CC on given in	HOMICIDI	20b.	DESCRIBE HO		CURRED.	(Enter natur		T III. If	deceased a a pregna es	was femele wancy in last 90 days
10 11 12/-0 13/-0	AMENDMENTS ON THIS RECORD A			DOCUMEN	20c. 1	Cond which above statin lying PART VAS AUTOPSY ERFORMED? ES NO IME OF H- NJURY B.	itions, if a gave rise cause growing the uncause II. OThe dise	eny, se to (a), noder-lest. ER SIGNIF asse condition ACCIDENT	CAUSE (a) DUE TO (b) DUE TO (c) FICANT CC on given in	HOMICIDE	20b.	DESCRIBE HO	W INJURY OCC	CURRED.	(Enter natural LOCATION	e of injury	T III. If there Y	deceased a a pregna es	was femele we not in last 90 days. No Unknow of item 18.)
10 11 12/-0 13/-0	READ INSTEAD OF INSTEAD OF			DOCUMEN	20c. 1	Cond which above statin lying PART VAS AUTOPSY ERFORMED? ES: NO	itions, if in gave rise cause grows to cause II. OTH dise	eny, see to (a), oder-last. HER SIGNIF case condition ACCIDENT	CAUSE (a) DUE TO (b) DUE TO (c) FICANT CC on given in	HOMICIDE	20b.	DESCRIBE HO	201. CITY, TOV	CURRED. VN, OR and	(Enter natural LOCATION	e of injury	in PART I	deceased a pregna or PART II	was femele wancy in last 90 days No Unknow of item 18.)
10 11 12/-0 13/-0	READ INSTEAD OF INSTEAD OF	55		DOCUMEN	20c. 1 20d.	Cond which above statin lying PART VAS AUTOPSY ERFORMED? ES NO DIME OF HAJURY BAJURY BAJURY BAJURY BAJURY OCCU WHILE AT WO NOT WHILE A	itions, if it gave rise cause the ca	eny, see to (a), oder-last. HER SIGNIF case condition ACCIDENT	CAUSE (a) DUE TO (b) DUE TO (c) FICANT CC on given in SUICIDE Year Year 19	HOMICIDE	20b.	DESCRIBE HO	20f. CITY, TOV	CURRED. VN, OR and	(Enter natural LOCATION	e of injury	in PART I	deceased a pregna or PART II	was femele wency in last 90 day. No Unknow of item 18.) STATE
10 11 12/-0 13/-0	READ INSTEAD OF INSTEAD OF			OF , DOCUMEN	20d. 1	Cond which above statin lying PART VAS AUTOPSY ERFORMED? ES NO	itions, if it gave rise cause the ca	eny, see to (a), oder-last. HER SIGNIF case condition ACCIDENT	DUE TO (6) DUE TO (6) DUE TO (6) FICANT CO on given in SUICIDE Year Year Year (Dec. PLACE (HOMICIDE OF INJURY (e ctory, street,	20b.	DESCRIBE HO	201. CITY, TOV	CURRED. VN, OR and	(Enter natural LOCATION	e of injury	in PART I	deceased a pregna or PART II	was femele wancy in last 90 days No Unknow of item 18.)
BLACK INK OR RITER RIBBON	AMENDMENTS ON THIS RECORD A			OF '',	20c. 1 20d.	VAS AUTOPSY ERFORMED? ES NO UME OF HAULEY OCCU WHILE AT WO NOT WO WHILE AT WO NOT WHILE AT WO NOT WHILE AT WO NOT WO WHILE AT WO WHILE AT WO NOT WO WO WHILE AT WO WHILE AT WO WHILE AT WO WHILE AT WO WO WHILE AT WO WHILE AT WO WHILE AT WO WHILE AT WO WO WHILE AT WO	itions, if a gave rise cause growing the uncause II. OTherwise Cause III. OTherwise III. OTHERWI	eny, se to (a), nder-lest. HER SIGNIF LASSE condition ACCIDENT	DUE TO (6) DUE TO (6) DUE TO (6) FICANT CO on given in SUICIDE Year Year Year (Dec. PLACE (PART I (a) HOMICIDE OF INJURY (e ctory, street,	g., in or al office bldg	bout home, , etc.)	20f. CITY, TOV	CURRED.	LOCATION last saw had to the be	of injury	COUP	deceased a a pregna or PART II	was femele wency in last 90 day. No Unknow of item 18.) STATE
10 11 12/-0 13/-0	SHOULD READ INSTEAD OF			OF '',	20c. 1 20d. 21. 1 22a. 9	VAS AUTOPSY ERFORMED? ES NO INJURY OCCU WHILE AT WO NOT WHILE AT WO NOT WHILE AT WO ALL (Specify) ALL (CREMATICE DVAL (Specify) ALL (Specify) ALL (Specify)	itions, if higave rise cause green cause II. OTH dise 20a. RRED DRK T WORK deceased	eny, se to (a), oder-lest. HER SIGNIF LACCIDENT Conth, Day, at from 120 b. DATE	CAUSE (a) DUE TO (b) DUE TO (c) FICANT CC on given in SUICIDE Year Year (Day)	OF INJURY (e ctory, street,	e 20b.	bout home, , etc.) to on th	20f. CITY, TOW ne date stated a 22b. ADDRES	CURRED.	LOCATION Last saw had to the be	of injury	COUP	deceased a a pregna or PART II	was femele wency in last 90 day. No Unknow of item 18.) STATE
10 11 12/-0 13/-0	NO. SHOULD READ INSTEAD OF INSTEAD OF			OF '',	20c. 1 20d. 21. 22a. 9	VAS AUTOPSY ERFORMED? ESTO IND IME OF HOUSE AND INTERPORT WHILE AT WO NOT WHILE AT WO NOT WHILE AT WO NOT WHILE AD ALL CREMATIC SPECIFY ALL CREMATIC SPE	itions, if a gave rise cause growing the uncause 11. OThere is a gave rise cause growing the uncause 120a. 20a	eny, se to (a), nder-lest. HER SIGNIF LASSE condition ACCIDENT	CAUSE (a) DUE TO (b) DUE TO (c) FICANT CC on given in SUICIDE Year Year (Description)	OF INJURY (e ctory, street,	e 20b. g, in or al office bldg W W ME OF CEMI	bout home, , etc.) to on the	20f. CITY, TOW ne date stated a 22b. ADDRES	WN, OR and above, an	LOCATION Location Location Location Location Location Location Location Location	of injury	COUP deceased a a pregna or PART II	was femele wency in last 90 day. No Unknow of item 18.) STATE	
10 11 12/-0 13/-0	SHOULD READ INSTEAD OF			, , ,	20c. 1 20d. 21. 22a. 9	VAS AUTOPSY ERFORMED? ES NO INJURY OCCU WHILE AT WO NOT WHILE AT WO NOT WHILE AT WO ALL (Specify) ALL (CREMATICE DVAL (Specify) ALL (Specify) ALL (Specify)	itions, if higave rise cause growing the unit cause II. OTH dise III. OT	eny, se to (a), oder-lest. HER SIGNIF LASE condition of the condition of t	CAUSE (a) DUE TO (b) DUE TO (c) FICANT CC on given in SUICIDE Year Year (Depr.) 963	OF INJURY (e ctory, street,	e 20b. g, in or al office bldg W W ME OF CEMI	bout home, , etc.) to on the	20f. CITY, TOW ne date stated a 22b. ADDRES	WN, OR and above, an	LOCATION Location Location Location Location Location Location Location Location	of injury implies on sit of my ke ON (City, N	COUP deceased a a pregna or PART II	was femele wency in last 90 day. No Unknow of item 18.) STATE	

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· · · · ·		STA	ATEMENT BY LICENSED EM		
	1 hereby ce	rtify that the body whose i	name is recorded on the re	everse side of this certificate	was embalmed by me,
or	by		.	, Student Embal	mer No
w	orking under my	personal supervision.		-1 0	L _
Stu	udent	Signature of Student Embalmer	7	John R O	SITZ
				Licensed Embalmer	No. dalia mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If this body is not embalmed; fact should be so stated above.

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